

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 01-23 2. STATE: New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT XX

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(r)(2) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY_2001-2002_ \$ _287.8 million _____ b. FFY_2002-2003_ \$ _396.7 million _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 8A To ATTACHMENT 2.6-A, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 8A To ATTACHMENT 2.6-A, Page 3


10. SUBJECT OF AMENDMENT: **Eligibility Expansion of Medical Assistance Coverage for Children**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED XXX


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health, Corning Tower, Empire State Plaza, Albany NY 12237
13. TYPED NAME: Antonia C. Novello M.D., M.P.H., Dr. P.H.	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 08/10/01	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/14/01	18. DATE APPROVED: AUG 17 2001
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/02	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York State Department of Health

**MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT**

[] Section 1902 (f) State [X] Non-Section 1902(f)State

1. Deemed income of parents of pregnant women described in 1902(a)(10)(A)(i)(IV) and 1902 (l)(2) of the Act is disregarded when determining eligibility for pregnant women.
2. In determining eligibility for pregnant women and infants under age 1, as referenced under Section 1902(a)(10)(i)(IV) and 1902 (a)(1)(A)(ii)(x) and 1902 (l)(2), disregard the difference between 185% and 200% of the Federal Poverty Level by family size as revised annually in the Federal Register.
3. In determining eligibility for children who have attained 6 years of age but have not attained 19 years of age, as referenced under 1902(a)(10)(A)(i)(VII), disregard the difference between 100% and 133% of the Federal Poverty Level by family size as revised annually in the Federal Register.

01-23

TN No. _____

Supersedes _____

Approval Date _____

Effective Date _____

TN No. _____

HCFA ID: 7985E

TN _____

Approval Date **AUG 17 2001**

Supersedes TN _____

New

Effective Date **JAN 01 2002**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Refer to: DMSO:

Centers for Medicare & Medicaid Services
Region II
Federal Building
26 Federal Plaza, Room 3800
New York, N.Y. 10278

August 17, 2001

Antonia C. Novello, M.D., M.P.H.
Commissioner
New York State Department of Health
Corning Tower
Governor Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237

Dear Commissioner Novello:

I am responding to your request for approval of New York's State Plan Amendment (SPA) # 99-40. The SPA was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 1999. This SPA sought to mandate enrollment for children at least 6 years of age and under the age of 19, whose family incomes are up to and including 133% of the Federal Poverty Level (FPL) into Medicaid managed care. Upon completion of CMS' review, conducted pursuant to section 1932(a) of the Social Security Act, a formal request for additional information pursuant to section 1915(f) of the Social Security Act (the Act) was sent to the State of New York on March 28, 2000. Since the submission of the RAI, staff from CMS has worked with your staff office to resolve all outstanding issues. As a result, the companion SPA # 01-23 seeking approval of this population as a new eligibility group was submitted in final on August 13, 2001. The recommended date of approval is August 17, 2001, with an effective implementation date of January 1, 2002.

The HHS review team has completed a review of these two SPAs and has found that the amendment requests conform to existing statutory and regulatory requirements. Therefore, we are pleased to inform you that after consultation with the Secretary as required by 42 CFR 430.15 (c) (2), I am approving SPA # 99-40 and SPA # 01-23 with an implementation date of January 1, 2002.

If you have any questions or require further information, please feel free to contact Michael Melendez in the New York Regional Office at 212-264-9121.

Sincerely,

Sue Kelly
Associate Regional Administrator
Division of Medicaid and State Operations